

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:  
**NORTHERN DISTRICT OF ILLINOIS**

Case number (if known): \_\_\_\_\_ Chapter you are filing under:

- ☐ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☒ Chapter 13

☐ Check if this is an amended filing

Official Form 101

**Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

|  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|--|---|---|
| <b>1. Your full name</b><br><br>Write the name that is on your government-issued picture identification (for example, your driver's license or passport).<br><br>Bring your picture identification to your meeting with the trustee. | <b>Timothy</b><br>First Name<br><b>W.</b><br>Middle Name<br><b>Chapley</b><br>Last Name<br><br>Suffix (Sr., Jr., II, III) _____ | <b>Anita</b><br>First Name<br><b>M.</b><br>Middle Name<br><b>Chapley</b><br>Last Name<br><br>Suffix (Sr., Jr., II, III) _____ |
| <b>2. All other names you have used in the last 8 years</b><br><br>Include your married or maiden names.   | _____<br>First Name<br>_____<br>Middle Name<br>_____<br>Last Name   | _____<br>First Name<br>_____<br>Middle Name<br>_____<br>Last Name   |
| <b>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)</b>  | <b>xxx - xx - 6 0 5 3</b><br>OR<br><b>9xx - xx -</b> _____  | <b>xxx - xx - 8 0 0 4</b><br>OR<br><b>9xx - xx -</b> _____  |

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and doing business as names

**About Debtor 1:**

☒ I have not used any business names or EINs.

Business name

Business name

Business name

EIN - - - - -

EIN - - - - -

**5. Where you live**

**1841 Gilboa Avenue**

Number Street

**Zion IL 60099**

City State ZIP Code

**Lake**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

**About Debtor 2 (Spouse Only in a Joint Case):**

☒ I have not used any business names or EINs.

Business name

Business name

Business name

EIN - - - - -

EIN - - - - -

**If Debtor 2 lives at a different address:**

**1841 Gilboa Avenue**

Number Street

**Zion IL 60099**

City State ZIP Code

**LAKE**

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under**

*Check one:* (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☐ Chapter 7

☐ Chapter 11

☐ Chapter 12

☒ Chapter 13

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**8. How you will pay the fee**

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

- ☐ No  
☒ Yes.

District **N.D of Ill - E. Div.Ch. 13 converted to** When **04/25/2014** Case number **13-09249**  
MM / DD / YYYY

District **Northern District of Illinois - Eastern** When **03/03/2010** Case number **10-08986**  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- ☒ No  
☐ Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, \_\_\_\_\_  
MM / DD / YYYY if known

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, \_\_\_\_\_  
MM / DD / YYYY if known

**11. Do you rent your residence?**

- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

12. Are you a sole proprietor of any full- or part-time business?
- ☒ No. Go to Part 4.  
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

- ☒ No. I am not filing under Chapter 11.  
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?
- ☒ No  
☐ Yes. What is the hazard?

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

If immediate attention is needed, why is it needed?

Where is the property?

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?
- 16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.
- 16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer or business debts.
- \_\_\_\_\_  
\_\_\_\_\_
17. Are you filing under Chapter 7?
- Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?
- ☒ No. I am not filing under Chapter 7. Go to line 18.  
☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No  
☐ Yes
18. How many creditors do you estimate that you owe?
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |
19. How much do you estimate your assets to be worth?
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |
20. How much do you estimate your liabilities to be?
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X /s/ Timothy W. Chapley** \_\_\_\_\_

Timothy W. Chapley, Debtor 1

Executed on **06/30/2016**

MM / DD / YYYY

**X /s/ Anita M. Chapley** \_\_\_\_\_

Anita M. Chapley, Debtor 2

Executed on **06/30/2016**

MM / DD / YYYY

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X /s/ Kenneth S. Borcia** Date **06/30/2016**  
Signature of Attorney for Debtor MM / DD / YYYY

**Kenneth S. Borcia**

Printed name

**Kenneth S. Borcia & Associates**

Firm Name

**1117 S. Milwaukee, Suite A-3**

Number Street

**Libertyville**

City

**IL**

State

**60048**

ZIP Code

Contact phone **(847) 634-8800**

Email address \_\_\_\_\_

**3125988**

Bar number

State



**Fill in this information to identify your case:**

Debtor 1 **Timothy W. Chapley**  
First Name Middle Name Last Name

Debtor 2 **Anita M. Chapley**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral

*Column B*  
**Value of collateral that supports this claim**

*Column C*  
**Unsecured portion**  
If any

2.1

**Honor Finance**

Creditor's name

**P.O. Box 1817**

Number Street

**Describe the property that secures the claim:**

**2005 Honda Voyager**

**\$5,000.00**

**\$5,000.00**

**Evanston IL 60204-1817**  
City State ZIP Code

**Who owes the debt?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset)

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$5,000.00**

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

| Part 1: | Additional Page<br>After listing any entries on this page, number them sequentially from the previous page. | Column A   | Column B                                     | Column C                    |
|---------|---|--|--|-----------------------------|
|         |   | Amount of claim<br>Do not deduct the value of collateral | Value of collateral that supports this claim | Unsecured portion<br>If any |

|     |   |              |              |             |
|-----|---|--------------|--------------|-------------|
| 2.2 | Describe the property that secures the claim: | \$165,000.00 | \$150,000.00 | \$15,000.00 |
|-----|---|--------------|--------------|-------------|

**Ocwen**  
 Creditor's name  
**P.O. Box 6440**  
 Number Street

Home

**Carol Stream** **IL** **60197-6440**  
 City State ZIP Code

**Who owes the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number 4 7 5 9

Add the dollar value of your entries in Column A on this page. Write that number here:

\$165,000.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$170,000.00

**Fill in this information to identify your case:**

|  |                |             |                |
|--|----------------|-------------|----------------|
| Debtor 1   | <b>Timothy</b> | <b>W.</b>   | <b>Chapley</b> |
|  | First Name     | Middle Name | Last Name      |
| Debtor 2<br>(Spouse, if filing)  | <b>Anita</b>   | <b>M.</b>   | <b>Chapley</b> |
|  | First Name     | Middle Name | Last Name      |
| United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b> |                |             |                |
| Case number<br>(if known)  |                |             |                |

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

2. **List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim

Priority  
amount

Nonpriority  
amount

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with you other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.**

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

**Total claim**

**\$512.00**

4.1

**Advocate Condell Medical Center**

Nonpriority Creditor's Name

**P.O. Box 3039**

Number Street

**Oak Brook**

**IL**

**60522-3039**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** \_ \_ \_ \_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.2

**AES/NTC**

Nonpriority Creditor's Name

**P.O. Box 2461**

Number Street

**Harrisburg**

**PA**

**17105**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number** \_ \_ \_ \_

**When was the debt incurred?** \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

**\$9,581.00**

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3

\$500.00

**AT&T U-verse**

Nonpriority Creditor's Name

**P.O. Box 5014**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Carol Stream**

**IL**

**60197**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.4

\$1,100.00

**Capital One**

Nonpriority Creditor's Name

**P.O. Box 85015**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Richmond**

**VA**

**23285-5015**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

4.5

\$50.00

**City of Waukegan**

Nonpriority Creditor's Name

**100 N. Martin Luther King Jr Ave.**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Waukegan**

**IL**

**60085**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$0.00

4.6

**City of Zion**

Nonpriority Creditor's Name

**2828 Sheridan Road**

Number Street

**Zion**

City

**IL**

State

**60099**

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.7

**Comcast**

Nonpriority Creditor's Name

**P.O. Box 3002**

Number Street

**Southeastern**

City

**PA**

State

**19398-3002**

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.8

**Commonwealth Edison**

Nonpriority Creditor's Name

**2100 Swift Drive**

Number Street

**Oakbrook**

City

**IL**

State

**60523-1559**

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

\$3,900.00

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**\$2,000.00**

4.9

**Fingerhut**

Nonpriority Creditor's Name  
**6250 Ridgewood Rd.**

Number Street

**Saint Cloud**

**MN 56303-0820**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.10

**First Premier Bank**

Nonpriority Creditor's Name  
**P.O. Box 5524**

Number Street

**Sioux Falls**

**SD 57117-5524**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.11

**General Revenue Corp.**

Nonpriority Creditor's Name  
**325 Daniel Zenker Dr.**

Number Street

**Horseheads**

**NY 14845-1008**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify

**\$18,490.00**

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

**\$12,480.00**

4.12

**Illinois Student Assistance Commission**

Nonpriority Creditor's Name

**P.O. Box 235**

Number Street

**Deerfield**

**IL**

**60015-0235**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.13

**\$610.00**

**North Shore Gas/People's Energy**

Nonpriority Creditor's Name

**130 E. Randolph, 14th Floor**

Number Street

**Special Procedures**

**Chicago**

**IL**

**60601**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.14

**\$50.00**

**North Shore Water Reclamation Dist.**

Nonpriority Creditor's Name

**P.O. Box 750**

Number Street

**Gurnee**

**IL**

**60031**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify



Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.15

\$532.00

**Palmer, Reifler & Assoc.**

Nonpriority Creditor's Name

**1900 Summit Tower Blvd., Ste#600**

Number Street

**Orlando**

**FL**

**32810-5920**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Collecting for Six Flags**

4.16

\$381.00

**Red Pine Lending**

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.17

\$94.00

**Signature Dental Group**

Nonpriority Creditor's Name

**Dr. M Shakeel**

Number Street

**285 Stonegate Rd.**

**Algonquin**

**IL**

**60102**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.18

\$900.00

**T-Mobile**

Nonpriority Creditor's Name

**P.O. Box 629025**

Number Street

**EL Dorado Hls**

**CA**

**95762-9025**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.19

\$1,600.00

**Verizon Wireless**

Nonpriority Creditor's Name

**P.O. Box 3397**

Number Street

**Bloomington**

**IL**

**61702**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.20

\$35.00

**Village of Gurnee**

Nonpriority Creditor's Name

**100 N. O'Plaine Rd.**

Number Street

**Gurnee**

**IL**

**60031**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.21

\$114.00

**Vista East Medical Center**

Nonpriority Creditor's Name

**7100 Commerce Way, Ste. 100**

Number Street

**Brentwood**

**TN**

**37027**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.22

\$8.00

**Waukegan Clinic Corp**

Nonpriority Creditor's Name

**P.O. Box 8927**

Number Street

**Belfast**

**ME**

**04915-8927**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Convergent Outsourcing**

Name  
**800 SW 39th St**  
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

**Renton** **WA** **98057**  
 City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**Collecting for Comcast**

**Credit Control**

Name  
**5757 Phantom Dr., Ste. 330**  
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

**Hazelwood** **MO** **63042**  
 City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**Collecting for Vista**

**Navient Post Claim Assistance MC**

Name  
**P.O. Box 9460**  
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

**Wilkes Barre** **PA** **18773-9460**  
 City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**Transworld Systems**

Name  
**507 Prudential**  
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

**Horsham** **PA** **19044**  
 City State ZIP Code

Last 4 digits of account number \_\_\_\_\_

**Collecting for Illinois Student Assistance**

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                                 |   | Total claim   |
|---------------------------------|---|---|
| <b>Total claims from Part 1</b> | 6a. Domestic support obligations  | 6a. <u>\$0.00</u>   |
|                                 | 6b. Taxes and certain other debts you owe the government                    | 6b. <u>\$0.00</u>   |
|                                 | 6c. Claims for death or personal injury while you were intoxicated          | 6c. <u>\$0.00</u>   |
|                                 | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + <u>\$0.00</u>   |
|                                 | 6e. Total. Add lines 6a through 6d.   | 6d. <div style="border: 2px solid black; padding: 2px;"><u>\$0.00</u></div> |

|                                 |   | Total claim  |
|---------------------------------|---|--|
| <b>Total claims from Part 2</b> | 6f. Student loans   | 6f. <u>\$28,071.00</u>   |
|                                 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. <u>\$0.00</u>  |
|                                 | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. <u>\$0.00</u>  |
|                                 | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. + <u>\$26,557.00</u>   |
|                                 | 6j. Total. Add lines 6f through 6i.   | 6j. <div style="border: 2px solid black; padding: 2px;"><u>\$54,628.00</u></div> |

**Fill in this information to identify your case:**

|  |                |             |                |
|--|----------------|-------------|----------------|
| Debtor 1   | <b>Timothy</b> | <b>W.</b>   | <b>Chapley</b> |
|  | First Name     | Middle Name | Last Name      |
| Debtor 2<br>(Spouse, if filing)  | <b>Anita</b>   | <b>M.</b>   | <b>Chapley</b> |
|  | First Name     | Middle Name | Last Name      |
| United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b> |                |             |                |
| Case number<br>(if known)  |                |             |                |

☐ Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

**Fill in this information to identify your case:**

|  |                |             |                |
|--|----------------|-------------|----------------|
| Debtor 1   | <b>Timothy</b> | <b>W.</b>   | <b>Chapley</b> |
|  | First Name     | Middle Name | Last Name      |
| Debtor 2<br>(Spouse, if filing)  | <b>Anita</b>   | <b>M.</b>   | <b>Chapley</b> |
|  | First Name     | Middle Name | Last Name      |
| United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b> |                |             |                |
| Case number<br>(if known)  |                |             |                |

☐ Check if this is an amended filing

Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)  
☒ No  
☐ Yes
2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)  
☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☐ Yes
3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: **Your codebtor**

Column 2: **The creditor to whom you owe the debt**

Check all schedules that apply:

**Fill in this information to identify your case:**

|   |                                      |             |                |
|---|--------------------------------------|-------------|----------------|
| Debtor 1                                | <b>Timothy</b>                       | <b>W.</b>   | <b>Chapley</b> |
|   | First Name                           | Middle Name | Last Name      |
| Debtor 2<br>(Spouse, if filing)         | <b>Anita</b>                         | <b>M.</b>   | <b>Chapley</b> |
|   | First Name                           | Middle Name | Last Name      |
| United States Bankruptcy Court for the: | <b>NORTHERN DISTRICT OF ILLINOIS</b> |             |                |
| Case number<br>(if known)               |                                      |             |                |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

|                                 | Debtor 1  | Debtor 2 or non-filing spouse   |
|---------------------------------|---|---|
| <b>Employment status</b>        | <input checked="" type="checkbox"/> Employed<br><input type="checkbox"/> Not employed | <input type="checkbox"/> Employed<br><input checked="" type="checkbox"/> Not employed |
| <b>Occupation</b>               | <b>Mental Health Technician</b>   |   |
| <b>Employer's name</b>          | <b>State of IL - Dept. of Mental Health</b>   | <b>Coffee Shop, Libertyville</b>  |
| <b>Employer's address</b>       | <b>1401 W. Dugdale</b>  |   |
|                                 | Number Street   | Number Street   |
|                                 |   |   |
|                                 |   |   |
|                                 | <b>Waukegan</b>   | <b>IL 60085</b>   |
|                                 | City  | State Zip Code  |
|                                 |   | City State Zip Code   |
| <b>How long employed there?</b> | <b>26 years</b>   |   |

**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|   | For Debtor 1      | For Debtor 2 or non-filing spouse |
|---|-------------------|-----------------------------------|
| <b>2. List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | <b>\$4,275.20</b> | <b>\$0.00</b>                     |
| <b>3. Estimate and list monthly overtime pay.</b>   | <b>\$0.00</b>     | <b>\$0.00</b>                     |
| <b>4. Calculate gross income.</b> Add line 2 + line 3.  | <b>\$4,275.20</b> | <b>\$0.00</b>                     |



Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

|  | For Debtor 1          | For Debtor 2 or non-filing spouse |
|--|-----------------------|-----------------------------------|
| Copy line 4 here ..... → 4.  | <b>\$4,275.20</b>     | <b>\$0.00</b>                     |
| <b>5. List all payroll deductions:</b>   |                       |                                   |
| 5a. Tax, Medicare, and Social Security deductions  | 5a. <b>\$520.22</b>   | <b>\$0.00</b>                     |
| 5b. Mandatory contributions for retirement plans   | 5b. <b>\$171.00</b>   | <b>\$0.00</b>                     |
| 5c. Voluntary contributions for retirement plans   | 5c. <b>\$0.00</b>     | <b>\$0.00</b>                     |
| 5d. Required repayments of retirement fund loans   | 5d. <b>\$0.00</b>     | <b>\$0.00</b>                     |
| 5e. Insurance  | 5e. <b>\$652.60</b>   | <b>\$0.00</b>                     |
| 5f. Domestic support obligations   | 5f. <b>\$0.00</b>     | <b>\$0.00</b>                     |
| 5g. Union dues   | 5g. <b>\$54.08</b>    | <b>\$0.00</b>                     |
| 5h. Other deductions.<br>Specify: _____  | 5h. + <b>\$0.00</b>   | <b>\$0.00</b>                     |
| <b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.   | 6. <b>\$1,397.90</b>  | <b>\$0.00</b>                     |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.  | 7. <b>\$2,877.30</b>  | <b>\$0.00</b>                     |
| <b>8. List all other income regularly received:</b>  |                       |                                   |
| 8a. Net income from rental property and from operating a business, profession, or farm<br><br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a. <b>\$0.00</b>     | <b>\$0.00</b>                     |
| 8b. Interest and dividends   | 8b. <b>\$0.00</b>     | <b>\$0.00</b>                     |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br><br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c. <b>\$0.00</b>     | <b>\$0.00</b>                     |
| 8d. Unemployment compensation  | 8d. <b>\$0.00</b>     | <b>\$0.00</b>                     |
| 8e. Social Security  | 8e. <b>\$0.00</b>     | <b>\$0.00</b>                     |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify: _____   | 8f. <b>\$0.00</b>     | <b>\$0.00</b>                     |
| 8g. Pension or retirement income   | 8g. <b>\$0.00</b>     | <b>\$0.00</b>                     |
| 8h. Other monthly income.<br>Specify: <b>self employed, not making any income</b>  | 8h. + <b>\$0.00</b>   | <b>\$0.00</b>                     |
| <b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.   | 9. <b>\$0.00</b>      | <b>\$0.00</b>                     |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. <b>\$2,877.30</b> | <b>\$0.00</b>                     |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br><br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br>Specify: _____ | 11. + <b>\$0.00</b>   |                                   |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.   | 12. <b>\$2,877.30</b> | <b>\$2,877.30</b>                 |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b><br><input checked="" type="checkbox"/> No. <b>None.</b><br><input type="checkbox"/> Yes. Explain: _____   |                       | <b>Combined monthly income</b>    |

**Fill in this information to identify your case:**

|   |                                      |             |                |
|---|--------------------------------------|-------------|----------------|
| Debtor 1                                | <u>Timothy</u>                       | <u>W.</u>   | <u>Chapley</u> |
|   | First Name                           | Middle Name | Last Name      |
| Debtor 2<br>(Spouse, if filing)         | <u>Anita</u>                         | <u>M.</u>   | <u>Chapley</u> |
|   | First Name                           | Middle Name | Last Name      |
| United States Bankruptcy Court for the: | <u>NORTHERN DISTRICT OF ILLINOIS</u> |             |                |
| Case number<br>(if known)               | _____                                |             |                |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

**Official Form 106J**

**Schedule J: Your Expenses**

**12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No

☒ Yes. Fill out this information for each dependent.....

| <u>Dependent's relationship to Debtor 1 or Debtor 2</u> | <u>Dependent's age</u> | <u>Does dependent live with you?</u>                        |
|---|------------------------|---|
| <u>child</u>  | <u>12 yrs.</u>         | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <u>child</u>  | <u>12 yrs.</u>         | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <u>child</u>  | <u>16 yrs.</u>         | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| _____   | _____                  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| _____   | _____                  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☒ No
- ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

**4. The rental or home ownership expenses for your residence.**  
Include first mortgage payments and any rent for the ground or lot.  
**If not included in line 4:**

4. \$703.00

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \_\_\_\_\_

4b. \_\_\_\_\_

4c. \_\_\_\_\_

4d. \_\_\_\_\_

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Your expenses**

5. **Additional mortgage payments for your residence**, such as home equity loans 5. \_\_\_\_\_
6. **Utilities:**
- 6a. Electricity, heat, natural gas 6a. \$385.00
- 6b. Water, sewer, garbage collection 6b. \$70.00
- 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$120.00
- 6d. Other. Specify: cable 6d. \$80.00
7. **Food and housekeeping supplies** 7. \$400.00
8. **Childcare and children's education costs** 8. \_\_\_\_\_
9. **Clothing, laundry, and dry cleaning** 9. \_\_\_\_\_
10. **Personal care products and services** 10. \_\_\_\_\_
11. **Medical and dental expenses** 11. \$325.00
12. **Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$335.00
13. **Entertainment, clubs, recreation, newspapers, magazines, and books** 13. \$35.00
14. **Charitable contributions and religious donations** 14. \_\_\_\_\_
15. **Insurance.**  
 Do not include insurance deducted from your pay or included in lines 4 or 20.
- 15a. Life insurance 15a. \_\_\_\_\_
- 15b. Health insurance 15b. \_\_\_\_\_
- 15c. Vehicle insurance 15c. \$90.00
- 15d. Other insurance. Specify: \_\_\_\_\_ 15d. \_\_\_\_\_
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.  
 Specify: \_\_\_\_\_ 16. \_\_\_\_\_
17. **Installment or lease payments:**
- 17a. Car payments for Vehicle 1 17a. \_\_\_\_\_
- 17b. Car payments for Vehicle 2 17b. \_\_\_\_\_
- 17c. Other. Specify: \_\_\_\_\_ 17c. \_\_\_\_\_
- 17d. Other. Specify: \_\_\_\_\_ 17d. \_\_\_\_\_
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).** 18. \_\_\_\_\_
19. **Other payments you make to support others who do not live with you.**  
 Specify: \_\_\_\_\_ 19. \_\_\_\_\_

Debtor 1 Timothy W. Chapley Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

|   |            |
|---|------------|
| 20a. Mortgages on other property                  | 20a. _____ |
| 20b. Real estate taxes                            | 20b. _____ |
| 20c. Property, homeowner's, or renter's insurance | 20c. _____ |
| 20d. Maintenance, repair, and upkeep expenses     | 20d. _____ |
| 20e. Homeowner's association or condominium dues  | 20e. _____ |

21. Other. Specify: \_\_\_\_\_ 21. + \_\_\_\_\_

**22. Calculate your monthly expenses.**

|   |   |
|---|---|
| 22a. Add lines 4 through 21.  | 22a. <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>\$2,543.00</b></div> |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2. | 22b. _____  |
| 22c. Add line 22a and 22b. The result is your monthly expenses.                       | 22c. <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>\$2,543.00</b></div> |

**23. Calculate your monthly net income.**

|   |   |
|---|---|
| 23a. Copy line 12 (your combined monthly income) from Schedule I.                                       | 23a. <b>\$2,877.30</b>  |
| 23b. Copy your monthly expenses from line 22c above.  | 23b. - <b>\$2,543.00</b>  |
| 23c. Subtract your monthly expenses from your monthly income.<br>The result is your monthly net income. | 23c. <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>\$334.30</b></div> |

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

**None.**

**Fill in this information to identify your case:**

|  |                |             |                |
|--|----------------|-------------|----------------|
| Debtor 1   | <b>Timothy</b> | <b>W.</b>   | <b>Chapley</b> |
|  | First Name     | Middle Name | Last Name      |
| Debtor 2<br>(Spouse, if filing)  | <b>Anita</b>   | <b>M.</b>   | <b>Chapley</b> |
|  | First Name     | Middle Name | Last Name      |
| United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b> |                |             |                |
| Case number<br>(if known)  | _____          |             |                |

☐ Check if this is an amended filing

Official Form 106Sum

**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

**Part 1: Summarize Your Assets**

**Your assets**

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

|   |                     |
|---|---------------------|
| 1a. Copy line 55, Total real estate, from Schedule A/B.....       | <b>\$150,000.00</b> |
| 1b. Copy line 62, Total personal property, from Schedule A/B..... | <b>\$8,445.00</b>   |
| 1c. Copy line 63, Total of all property on Schedule A/B.....      | <b>\$158,445.00</b> |

**Part 2: Summarize Your Liabilities**

**Your liabilities**

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

|  |                     |
|--|---------------------|
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.... | <b>\$170,000.00</b> |
|--|---------------------|

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

|  |                    |
|--|--------------------|
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....    | <b>\$0.00</b>      |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... | <b>\$54,628.00</b> |
|  | <b>+</b>           |

**Your total liabilities**

**\$224,628.00**

**Part 3: Summarize Your Income and Expenses**

4. *Schedule I: Your Income* (Official Form 106I)

|   |                   |
|---|-------------------|
| Copy your combined monthly income from line 12 of Schedule I..... | <b>\$2,877.30</b> |
|---|-------------------|

5. *Schedule J: Your Expenses* (Official Form 106J)

|   |                   |
|---|-------------------|
| Copy your monthly expenses from line 22c of Schedule J..... | <b>\$2,543.00</b> |
|---|-------------------|

Debtor 1 **Timothy** **W.** **Chapley** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

**\$4,427.00**

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

|  |                    |
|--|--------------------|
| 9a. Domestic support obligations. (Copy line 6a.)  | \$0.00             |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$0.00             |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$0.00             |
| 9d. Student loans. (Copy line 6f.)   | \$28,071.00        |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$0.00             |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | + \$0.00           |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | <b>\$28,071.00</b> |

**Fill in this information to identify your case:**

|  |                |             |                |
|--|----------------|-------------|----------------|
| Debtor 1   | <u>Timothy</u> | <u>W.</u>   | <u>Chapley</u> |
|  | First Name     | Middle Name | Last Name      |
| Debtor 2<br>(Spouse, if filing)  | <u>Anita</u>   | <u>M.</u>   | <u>Chapley</u> |
|  | First Name     | Middle Name | Last Name      |
| United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u> |                |             |                |
| Case number<br>(if known)  | <u></u>        |             |                |

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person  Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X /s/ Timothy W. Chapley**

Timothy W. Chapley, Debtor 1

Date 06/30/2016  
MM / DD / YYYY

**X /s/ Anita M. Chapley**

Anita M. Chapley, Debtor 2

Date 06/30/2016  
MM / DD / YYYY

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
CHICAGO DIVISION (EASTERN)**

In re **Timothy W. Chapley  
Anita M. Chapley**

Case No. \_\_\_\_\_

Chapter **13** \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|  |                          |
|--|--------------------------|
| For legal services, I have agreed to accept.....           | <u><b>\$4,000.00</b></u> |
| Prior to the filing of this statement I have received..... | <u><b>\$0.00</b></u>     |
| Balance Due.....   | <u><b>\$4,000.00</b></u> |

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;



B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**SERVICES REQUESTED AFTER DISCHARGE AND/OR DISMISSAL**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**06/30/2016**

*Date*

**/s/ Kenneth S. Borgia**

*Kenneth S. Borgia*

Kenneth S. Borgia & Associates

1117 S. Milwaukee, Suite A-3

Libertyville, IL 60048

Phone: (847) 634-8800 / Fax: (847) 634-8932

Bar No. 3125988

**/s/ Timothy W. Chapley**

*Timothy W. Chapley*

**/s/ Anita M. Chapley**

*Anita M. Chapley*